



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

401 M Street, S.W.
WASHINGTON, D.C. 20460

Paperwork Reduction Act Notice: The public reporting burden for this collection of information is estimated to average 1.25 hours per response for registration and 0.25 hours per response for reregistration and special review activities, including time for reading the instructions and completing the necessary forms. Send comments regarding burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Director, OPPE Information Management Division (2137), U.S. Environmental Protection Agency, 401 M Street, S.W., Washington, DC 20460. Do not send the completed form to this address.

Certification with Respect to Citation of Data

Applicant's/Registrant's Name, Address, and Telephone Number Thor GmbH, U.S. Agent: Thor Specialties, Inc., 50 Waterview Drive, Shelton, CT 06484	EPA Registration Number/File Symbol 67071-16
Active Ingredient(s) and/or representative test compound(s) 2-Bromo-2-nitropropane-1,3-diol; 5-Chloro-2-methyl-4-isothiazolin-3-one; 2-Methyl-4-isothiazolin-3-one	Date January 31, 2014
General Use Pattern(s) (list all those claimed for this product using 40 CFR Part 158) Non-Food materials preservative	Product Name Acticide LA

NOTE: If your product is a 100% repackaging of another purchased EPA-registered product labeled for all the same uses on your label, you do not need to submit this form. You must submit the Formulator's Exemption Statement (EPA Form 8570-27).

☐ I am responding to a Data-Call-In Notice, and have included with this form a list of companies sent offers of compensation (the Data Matrix form should be used for this purpose).

SECTION I: METHOD OF DATA SUPPORT (Check one method only)

☐ I am using the cite-all method of support, and have included with this form a list of companies sent offers of compensation (the Data Matrix form should be used for this purpose).

☒ I am using the selective method of support (or cite-all option under the selective method), and have included with this form a completed list of data requirements (the Data Matrix form must be used).

SECTION II: GENERAL OFFER TO PAY

[Required if using the cite-all method or when using the cite-all option under the selective method to satisfy one or more data requirements]

☒ I hereby offer and agree to pay compensation, to other persons, with regard to the approval of this application, to the extent required by FIFRA.

SECTION III: CERTIFICATION

I certify that this application for registration, this form for reregistration, or this Data-Call-In response is supported by all data submitted or cited in the application for registration, the form for reregistration, or the Data-Call-In response. In addition, if the cite-all option or cite-all option under the selective method is indicated in Section I, this application is supported by all data in the Agency's files that (1) concern the properties or effects of this product or an identical or substantially similar product, or one or more of the ingredients in this product; and (2) is a type of data that would be required to be submitted under the data requirements in effect on the date of approval of this application if the application sought the initial registration of a product of identical or similar composition and uses.

I certify that for each exclusive use study cited in support of this registration or reregistration, that I am the original data submitter or that I have obtained the written permission of the original data submitter to cite that study.

I certify that for each study cited in support of this registration or reregistration that is not an exclusive use study, either: (a) I am the original data submitter; (b) I have obtained the permission of the original data submitter to use the study in support of this application; (c) all periods of eligibility for compensation have expired for the study; (d) the study is in the public literature; or (e) I have notified in writing the company that submitted the study, and have offered (i) to pay compensation to the extent required by sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA; and (ii) to commence negotiations to determine the amount and terms of compensation, if any, to be paid for the use of the study.

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I certify that the statements I have made on this form and all attachments to it are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature

Cheryl Woodward

Date

1/31/2014

Typed or Printed Name and Title

Cheryl Woodward, Regulatory Specialist



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Certification with Respect to Citation of Data

Applicant's/Registrant's Name, Address, and Telephone Number Thor GmbH, U.S. Agent: Acti-Chem Specialties, Inc., 56 Quarry Rd., Trumbull, CT 06611	EPA Registration Number/File Symbol 67071-16
Active Ingredient(s) and/or representative test compound(s) 2-Bromo-2-nitropropene-1,3-diol, 5-chloro-2-methyl-4-isothiazolin-3-one, 2-Methyl-4-isothiazolin-3-one	Date March 8, 2006
General Use Pattern(s) (list all those claimed for this product using 40 CFR Part 158) Non-Food materials preservative	Product Name Acticide LA

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I certify that the statements I have made on this form and all attachments to it are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature

Lynn P. O'Brien

Date

8-Mar-06

Typed or Printed Name and Title

Lynn P. O'Brien, Regulatory Affairs Coordinator



Certification with Respect to Citation of Data

Form Approved
OMB No. 2070-0060
Approval Expires 11-30-93

Applicants Name and Address

Thor Chemie GmbH
Landwehrstrasse 1, D-67329 Speyer, GERMANY

U.S. Agent: Thor Americas, Inc., 37 North Ave.
Norwalk, CT 06851

EPA File Symbol/Registration Number

67071-RA

Product Name

ACTICIDE LA

Date of Application

January 1997

NOTE: If your product is a 100% repackaging of another EPA-registered product that you purchase, and is labeled for the same uses, you do not need to submit this form. You must submit the Formulator's Exemption Statement (EPA Form 8570-27).

1. This application is supported by all data submitted or cited in the application. In addition, if cite-all options are indicated, this application is supported by all data in the Agency's files that concern the properties or effects of this product that is identical or substantially similar, and that is one of the types of data that would be required to be submitted if this application sought the initial registration of a product of identical or similar composition and intended uses under the data requirements in effect on the date of approval of this application. (Check the appropriate boxes, in items 2 and 3 below, that pertain to your application.)

2. I certify that, for each study cited in support of this application for registration that is an exclusive use study,

☒ I am the original submitter*; or

☐ I have obtained the written permission of the original data submitter to cite that study*

3. I certify that, for each study cited in support of this application for registration that is not an exclusive use study:

a. ☐ I am the original data submitter*; or

☐ I have obtained the written permission of the original data submitter to cite that study*; or

b. ☐ I have notified in writing the companies that have submitted data I have cited to support this application and have offered to: (a) Pay compensation for those data in accordance with section 3(c)(1)(D) and 3(c)(2)(D) of the Federal Insecticide, Fungicide and Rodenticide Act (FIFRA); and (b) Commence negotiations to determine which data are subject to the compensation requirement of FIFRA and the amount and terms of compensation due, if any. The companies I have notified are: (Check one)

☐ All companies listed on the Pesticide Data Submitters List for all active ingredients contained in my product (cite-all method or cite-all option under Selective Method*). (Also, sign the General Offer Statement below.)

☒ Those companies that have submitted the studies which I have cited (Selective method*).

* A Data Matrix identifying these studies is attached. (Note: a Data Matrix is not required under the cite-all method.)

Signature

Name and Title Kelvin J. Dally
Director, Thor Americas, Inc.

Date

29 January 1997

General Offer to Pay: I hereby offer and agree to pay compensation to other persons, with regard to the approval of this application, to the extent required.

Signature

Name and Title

Date



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Applicant's/Registrant's Name, Address, and Telephone Number Thor GmbH, U.S. Agent: Acti-Chem Specialties, Inc., 56 Quarry Rd., Trumbull, CT 06611	EPA Registration Number/File Symbol 67071-16
Active Ingredient(s) and/or representative test compound(s) 2-Bromo-2-nitropropane-1,3-diol, 5-chloro-2-methyl-4-isothiazolin-3-one, 2-Methyl-4-isothiazolin-3-one	Date August 7, 2002
General Use Pattern(s) (list all those claimed for this product using 40 CFR Part 158) Non-Food materials preservative	Product Name Acticide LA

NOTE: If your product is a 100% repackaging of another purchased EPA-registered product labeled for all the same uses on your label, you do not need to submit this form. You must submit the Formulator's Exemption Statement (EPA Form 8570-27).

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Signature <i>Lynn P. O'Brien</i>	Date	Typed or Printed Name and Title Lynn P. O'Brien, Regulatory Affairs Coordinator
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Certification with Respect to Citation of Data

Applicant's/Registrant's Name, Address, and Telephone Number THOR CHEMIE GmbH US Agent: Acti-Chem Specialties, Inc., 56 Quarry Rd, Trumbull, CT 06611 Ph: 203-365-6530	EPA Registration Number/File Symbol 67071-16
Active ingredient(s) and/or representative test compound(s) Chloromethylisothiazolinone and Methylisothiazolinone	Date 25 January 2000
General Use Pattern(s) (list all those claimed for this product using 40 CFR Part 155) Terrestrial, Non-food and Industrial Non-Food	Product Name ACTICIDE LA

NOTE: If your product is a 100% repackaging of another purchased EPA-registered product labeled for all the same uses on your label, you do not need to submit this form. You must submit the Formulator's Exemption Statement (EPA Form 8570-27).

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Signature

Anthony T. Coscia

Date

1/25/00

Typed or Printed Name and Title

**Anthony T. Coscia
Manager, Regulatory Affairs**